

STATE OF WISCONSIN Division of Hearings and Appeals

In the Matter of

DECISION

MGE/153588

PRELIMINARY RECITALS

Pursuant to a petition filed November 21, 2013, under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on December 19, 2013, at Milwaukee, Wisconsin.

The issue for determination is whether the agency properly determined the Petitioner's MA eligibility, deductible period and deductible amount.

There appeared at that time and place the following persons:

PARTIES IN INTEREST:

Petitioner:



Respondent:

Department of Health Services 1 West Wilson Street, Room 651 Madison, Wisconsin 53703 By: Jose Sylvestre

> Milwaukee Enrollment Services 1220 W Vliet St, Room 106 Milwaukee, WI 53205

ADMINISTRATIVE LAW JUDGE:

Debra Bursinger Division of Hearings and Appeals

FINDINGS OF FACT

- 1. Petitioner (CARES #) is a resident of Milwaukee County.
- 2. In September, 2013, the Petitioner was determined to be disabled by the Social Security Administration.
- 3. Petitioner's first SSDI payments of \$1,513/month were scheduled to begin December, 2013.

- 4. On November 12, 2013, the agency issued a Notice of Decision to the Petitioner informing him that for November, 2013, Petitioner is eligible for Medicaid with no monthly premium and effective November 1, 2013, he is eligible for MA with a deductible of \$5,425.98 and a deductible period of November 1, 2013 April 30, 2014.
- 5. On December 20, 2013, the agency issued a Notice of Decision to the Petitioner informing him that for November, 2013, Petitioner is eligible for Medicaid with no monthly premium and effective November 1, 2013, he is eligible for MA with a deductible of \$4,512.65 and a deductible period of November 1, 2013 April 30, 2014.
- 6. On November 21, 2013, the Petitioner filed an appeal with the Division of Hearings and Appeals.

DISCUSSION

Medical Assistance (MA) is a state-federal program designed to pay for medical coverage for low income persons. To qualify for MA, a person must be both nonfinancially and financially eligible. There is no dispute that the petitioner is nonfinancially eligible (e.g., disabled). To be financially eligible, a person must have assets that are under the program's asset limit, and income that is under the appropriate income limit. Where the recipient's income is over the income limit, an MA deductible must be satisfied before MA eligibility begins. Wis. Stat. §49.47(4)(c); Wis. Admin. Code § DHS 103.08(2); MA Eligibility Handbook (MEH), Appendix 24.1, at http://www.emhandbooks.wisconsin.gov/meh-ebd/meh.htm . MA deductibles are calculated for six-month periods. To calculate the deductible, the "medically needy" income amount is subtracted from the household's income (less a \$20 unearned income disregard), and the remainder is multiplied by six.

In this case, the Petitioner was found eligible for SSDI payments which were scheduled to begin December, 2013. At the time of the hearing, the Petitioner's mother testified that he had not yet received the payments but they were scheduled to be issued on or about December 24, 2013. The SSDI payments of \$1,513/month exceed the program limits for MA. Therefore, the Petitioner must meet a deductible for MA eligibility to begin.

In this case, the agency properly determined the Petitioner was eligible effective November 1, 2013 for MA with no premium based on no income in November. The agency also properly determined the Petitioner was eligible for MA with a deductible for the period of November 1, 2013 – April 30, 2014 based on SSDI payments of \$1,513/month.

CONCLUSIONS OF LAW

The agency properly determined the Petitioner's MA eligibility, deductible and deductible period.

THEREFORE, it is

ORDERED

The Petitioner's appeal is dismissed.

REQUEST FOR A REHEARING

This is a final administrative decision. If you think this decision is based on a serious mistake in the facts or the law, you may request a rehearing. You may also ask for a rehearing if you have found new evidence which would change the decision. Your request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and tell why you did not have it at your first hearing. If you do not explain these things, your request will have to be denied.

To ask for a rehearing, send a written request to the Division of Hearings and Appeals, P.O. Box 7875, Madison, WI 53707-7875. Send a copy of your request to the other people named in this decision as "PARTIES IN INTEREST." Your request for a rehearing must be received no later than 20 days after the date of the decision. Late requests cannot be granted.

The process for asking for a rehearing is in Wis. Stat. § 227.49. A copy of the statutes can be found at your local library or courthouse.

APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be served and filed with the appropriate court no more than 30 days after the date of this hearing decision (or 30 days after a denial of rehearing, if you ask for one).

For purposes of appeal to circuit court, the Respondent in this matter is the Department of Health Services. After filing the appeal with the appropriate court, it must be served on the Secretary of that Department, either personally or by certified mail. The address of the Department is: 1 West Wilson Street, Room 651, Madison, Wisconsin 53703. A copy should also be sent to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400.

The appeal must also be served on the other "PARTIES IN INTEREST" named in this decision. The process for appeals to the Circuit Court is in Wis. Stat. §§ 227.52 and 227.53.

Given under my hand at the City of Milwaukee, Wisconsin, this 4th day of February, 2014

\sDebra Bursinger
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

Brian Hayes, Administrator Suite 201 5005 University Avenue Madison, WI 53705-5400 Telephone: (608) 266-3096 FAX: (608) 264-9885 email: DHAmail@wisconsin.gov Internet: http://dha.state.wi.us

The preceding decision was sent to the following parties on February 4, 2014.

Milwaukee Enrollment Services
Division of Health Care Access and Accountability